

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007456

**Entity Name:** THE REFUGE BIKER CHURCH, INC

**Current Principal Place of Business:**

2514 CORVILLA  
ZEPHRYHILLS, FL 33540

**Current Mailing Address:**

4626 KEENE ROAD  
PLANT CITY, FL 33565

**FEI Number: 33-1120513**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRICKLAND, JOHN  
4626 KEENE ROAD  
PLANT CITY, FL 33565 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVST  
Name STRICKLAND, JOHN  
Address 4626 KEENE ROAD  
City-State-Zip: PLANT CITY FL 33565

Title PVST  
Name TURCOTTE, KEITH  
Address 4843 SUZANNE STREET  
City-State-Zip: ZEPHYRHILLS FL 33542

Title S  
Name JARVIS, MARJORIE A  
Address 37919 NICK AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title T  
Name TARTE, NINA SUE  
Address 3413 MOUNT TABOR RD  
City-State-Zip: LAKELAND FL 33810

Title D  
Name TARTE, PHILLIP  
Address 3413 MOUNT TABOR RD  
City-State-Zip: LAKELAND FL 33810

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MARJORIE JARVIS**

**SECRETARY**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date